

B1 (Official Form 1)(04/13)

United States Bankruptcy Court District of New Jersey				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Saint Michael's Medical Center, Inc.			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 26-2616046			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): 111 Central Avenue Newark, NJ			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP Code 07102			ZIP Code		
County of Residence or of the Principal Place of Business: Essex			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP Code			ZIP Code		
Location of Principal Assets of Business Debtor (if different from street address above):					
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input checked="" type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input checked="" type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input checked="" type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Saint Michael's Medical Center, Inc.**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

See attached list

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☒ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Saint Michael's Medical Center, Inc.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signature of Attorney*

X  _____
 Signature of Attorney for Debtor(s)

Michael D. Sirota MS-4088
 Printed Name of Attorney for Debtor(s)

Cole Schotz P.C.
 Firm Name
Court Plaza North
25 Main Street
Hackensack, NJ 07601

 Address

201-489-3000 Fax: 201-489-1536
 Telephone Number

August 10, 2015
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X  _____
 Signature of Authorized Individual

David A. Ricci
 Printed Name of Authorized Individual

CEO and President
 Title of Authorized Individual

August 10, 2015
 Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

 Address

X _____
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

LIST OF AFFILIATES

<u>COMPANY</u>	<u>CASE NO.</u>
Saint Michael's Medical Center, Inc.	15-
Columbus Acquisition Corp.	15-
Saint James Care, Inc.	15-
University Heights Property Company, Inc.	15-

United States Bankruptcy Court
District of New Jersey

In re **Saint Michael's Medical Center**

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Center For Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244	Center For Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244	3rd Party Payor Liability	Disputed	3,466,060.00
Healthfirst Terence L. Byrd 821 Alexander Road Suite 140 Princeton, NJ 08540	Healthfirst Terence L. Byrd 821 Alexander Road Princeton, NJ 08540	Risk Pool Deficit	Disputed	1,292,555.00
CARDINAL HEALTH 110 INCORPORATED 7000 CARDINAL PLACE Dublin, OH 43017	CARDINAL HEALTH 110 INCORPORATED 7000 CARDINAL PLACE Dublin, OH 43017	Trade Vendor AP		887,976.33
Med Realty, LLC 2185 Lemoine Avenue Fort Lee, NJ 07024	Med Realty, LLC 2185 Lemoine Avenue Fort Lee, NJ 07024	Two months accrued rent		660,502.14
NATIONAL INFORMATION SOLUTIONS JESSE PO BOX 1147 Mandan, ND 58554	NATIONAL INFORMATION SOLUTIONS JESSE PO BOX 1147 Mandan, ND 58554	Trade Accrual Estimate		333,337.00
District 1199J Benefit Fund Joseph Carpenter 9 Alling Street Newark, NJ 07102	District 1199J Benefit Fund Joseph Carpenter 9 Alling Street Newark, NJ 07102	one month accrual of pension/medical benefit		297,000.00
EAGLE ELECTRICAL CONTRACTING S 19 INDIAN PATH Millstone Township, NJ 08535	EAGLE ELECTRICAL CONTRACTING S 19 INDIAN PATH Millstone Township, NJ 08535	Trade Vendor AP		219,925.00
TRIMEDX LLC ADRIANNE WOLTING FINANCE 6325 DIGITAL WAY SUITE 400 Indianapolis, IN 46278	TRIMEDX LLC ADRIANNE WOLTING FINANCE 6325 DIGITAL WAY Indianapolis, IN 46278	Trade Vendor AP		133,404.64

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
ABIOMED 22 CHERRY HILL DRIVE Danvers, MA 01923	ABIOMED 22 CHERRY HILL DRIVE Danvers, MA 01923	Trade Vendor AP		125,000.00
HOSPIRA WORLDWIDE INC 75 REMITTANCE DR STE 6136 Chicago, IL 60675	HOSPIRA WORLDWIDE INC 75 REMITTANCE DR STE 6136 Chicago, IL 60675	Trade Vendor AP		124,060.66
ABBOTT LABORATORIES INC 100 ABBOTT PARK ROAD Abbott Park, IL 60064	ABBOTT LABORATORIES INC 100 ABBOTT PARK ROAD Abbott Park, IL 60064	Trade Vendor AP		98,937.72
ST JUDE MEDICAL S C INC GRETCHEN ZEGGER ONE LILLEHEI PLAZA Saint Paul, MN 55117	ST JUDE MEDICAL S C INC GRETCHEN ZEGGER ONE LILLEHEI PLAZA Saint Paul, MN 55117	Trade Vendor AP		98,530.00
Jneso Professional Healthcare Union 1125 Livingston Avenue North Brunswick, NJ 08902	Jneso Professional Healthcare Union 1125 Livingston Avenue North Brunswick, NJ 08902	One month accrual of annuity/medical benefit		98,000.00
ACCOUNTABLE HEALTHCARE STAFFIN 999 YAMATO ROAD SUITE 210 Boca Raton, FL 33431	ACCOUNTABLE HEALTHCARE STAFFIN 999 YAMATO ROAD SUITE 210 Boca Raton, FL 33431	Trade Vendor AP		97,331.26
MEDTRONIC USA INC 710 MEDTRONIC PARKWAY Minneapolis, MN 55432	MEDTRONIC USA INC 710 MEDTRONIC PARKWAY Minneapolis, MN 55432	Trade Vendor AP		91,991.85
IMPLEMENTATION MANAGEMENT ASSI DEVON KING 3 CHRISTY DRIVE SUITE 100 Chadds Ford, PA 19317	IMPLEMENTATION MANAGEMENT ASSI DEVON KING 3 CHRISTY DRIVE Chadds Ford, PA 19317	Trade Vendor AP		89,980.34
ADVANCED REIMBURSEMENT MGT LLC TIM MATTHEWS 4524 SOUTHLAKE PARKWAY STE 15 Hoover, AL 35244	ADVANCED REIMBURSEMENT MGT LLC TIM MATTHEWS 4524 SOUTHLAKE PARKWAY STE 15 Hoover, AL 35244	Trade Vendor AP		86,491.62
ST JOSEPH'S HOSPITAL 400 HOSPITAL PLZ Paterson, NJ 07503-3079	ST JOSEPH'S HOSPITAL 400 HOSPITAL PLZ Paterson, NJ 07503-3079	Trade Vendor AP		76,125.04
MEDLINE INDUSTRIES INC BRIAN MAOUSSEAN DEPT CH 14400 Palatine, IL 60055-4400	MEDLINE INDUSTRIES INC BRIAN MAOUSSEAN DEPT CH 14400 Palatine, IL 60055-4400	Trade Vendor AP		75,113.21

In re **Saint Michael's Medical Center**

Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
CERNER HEALTH SERVICES KRISTI PAYNE PO BOX 959167 Saint Louis, MO 63195-9167	CERNER HEALTH SERVICES KRISTI PAYNE PO BOX 959167 Saint Louis, MO 63195-9167	Trade Vendor AP		64,543.46
CARDINAL HEALTH INC. MEDICAL PRODUCTS AND SERVICES PO Box 13862 Newark, NJ 07188-0862	CARDINAL HEALTH INC. MEDICAL PRODUCTS AND SERVICES PO Box 13862 Newark, NJ 07188-0862	Trade Vendor AP		Combined with Cardinal above

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
District of New Jersey**

In re Saint Michael's Medical Center, Inc.

Debtor(s)

Case No.

Chapter

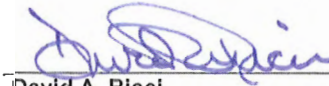
11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO and President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date August 10, 2015

Signature

David A. Ricci

CEO and President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of New Jersey

In re **Saint Michael's Medical Center, Inc.**,
 Debtor

Case No. _____

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Maxis Health System c/o Trinity Health Corporation 20555 Victor Parkway Livonia, MI 48152		100%	Equity

In re Saint Michael's Medical Center, Inc.

Debtor

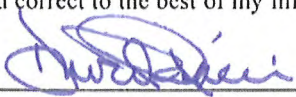
Case No. _____

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO and President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 10, 2015

Signature _____


David A. Ricci
CEO and President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court
District of New Jersey**

In re **Saint Michael's Medical Center, Inc.**

Debtor(s)

Case No. **15-**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, Cole Schotz P.C. ("Cole Schotz") has agreed to accept (a) \$300,000.00 retainer to be applied against post-petition fees/expenses; and (b) any other fees/expenses approved pursuant to monthly fee statements/fee applications filed in this case.

In the one (1) year before the Filing Date, Cole Schotz received an aggregate amount of \$475,868.55 for pre-petition invoices for contemporaneous and other charges incurred before the Filing Date including on account of advance retainers. As a result of those payments, Cole Schotz does not hold any claim against the Debtors or their estates for pre-petition services rendered. As of the Filing Date, Cole Schotz had a \$300,000.00 retainer (the "Bankruptcy Retainer") for legal services to be rendered and costs to be incurred for and on behalf of the Debtor after the Filing Date.

2. \$ **1,717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
- See retention papers.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **August 10, 2015**

/s/ Michael D. Sirota

Michael D. Sirota MS-4088

Cole Schotz P.C.

Court Plaza North

25 Main Street

Hackensack, NJ 07601

201-489-3000 Fax: 201-489-1536

**United States Bankruptcy Court
District of New Jersey**

In re **Saint Michael's Medical Center, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Saint Michael's Medical Center, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Maxis Health System
c/o Trinity Health Corporation
20555 Victor Parkway
Livonia, MI 48152**

☐ None [*Check if applicable*]

August 10, 2015

Date

/s/ Michael D. Sirota

Michael D. Sirota MS-4088

Signature of Attorney or Litigant

Counsel for **Saint Michael's Medical Center, Inc.**

Cole Schotz P.C.

Court Plaza North

25 Main Street

Hackensack, NJ 07601

201-489-3000 Fax:201-489-1536

**United States Bankruptcy Court
District of New Jersey**

In re **Saint Michael's Medical Center, Inc.**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO and President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 10, 2015**



David A. Ricci/CEO and President
Signer/Title

Angioscore
Spectranetics Corporation
9965 FEDERAL DRIVE
COLORADO SPRINGS, CO 80921

Arizant Healthcare 3M Company
PO BOX 371227
PITTSBURGH, PA 15250-7227

Atlantic Detroit
Stewart & Stevenson P
DONNA COOPER
180 ROUTE 17 SOUTH
PO BOX 950
LODI, NJ 07644

Decal Chemical
Statlab Medical Product
2090 COMMERCE DRIVE
MCKINNEY, TX 75069

Mako Surgical
Howmedica Osteonics Corp
15 DART ROAD
NEWMAN, GA 30265

Msi Surgical
Synergy Health Us Holding
12425 RACE TRACK RD
TAMPA, FL 33626

100 Blackmen Of New Jersey
JERRID DOUGLAS
3587 HIGHWAY 9
UNIT 529
FREEHOLD, NJ 07728

10X.Net, LLC
4909 S. W. 74Th Court
Miami, FL 33155

3M Company
ROBIN Y. HANSBERRY
52 CHUBB ROAD
FRAMINGHAM, MA 01701

3M Company
PO BOX 371227
PITTSBURGH, PA 15250-7227

7 Oil Company, Inc
BRIAN
1708 UNION LANDING ROAD
CINNAMINSON, NJ 08077

Aaa Fence Distributors Inc
TED KINSELLA
28 LAKESIDE AVENUE
WEST ORANGE, NJ 07052

Aabb National Blood Exchange
8101 GLENBROOK ROAD
SUITE B

BETHESDA, MD 20814-2748

Aaliya Pitts
21 RUTLEDGE AVE APT#1L
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LAKE FOREST, IL 60045-5201

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SPRINGFIELD, NJ 07081

Wakefern Food Corp.
JOHANNA HEATON
5000 RIVERSIDE DRIVE
KEASBEY, NJ 08832

Wallach Surgical Devices
90 CORPORATE DRIVE
TURNBULL, CT 06611

Walsh Integrated, Inc.
121 ST. JACQUES ST WEST
Lachine, QC H8R 1E1
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1969 CHURCH AVE
SCOTCH PLAINS, NJ 07076

WALTER HALMA

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WAYNE, NJ 07470

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161 GOODWIN AVE
NEWARK, NJ 07112

Wanda Cuello
87 COSSIO DRIVE
NEWARK, NJ 07103

Wanky Batelus
129 W 1ST AVE
APT 5
ROSELLE, NJ 07203

Warren P Poole
WARREN POOLE
46 SOUTH ARLINGTON AVE
APT 4
EAST ORANGE, NJ 07018

Washington Moitui
157 PENNSYLVANIA AVE
NEWARK, NJ 07114

Wayne Cleveland
WAYNE CLEVELAND
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NEWARK, NJ 07107

Wbmason Co Inc
ANTHONY CIOE
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BROCKTON, MA 02303

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DALLAS, TX 75397-2633

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WEEHAWKEN, NJ 07086

Weekly Dhaiti
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WEST ORANGE, NJ 07052

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STATE OF NEW JERSEY
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Healthcare Financial Services
Georgetta Sears
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Wendell Baynes
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APT 303
GLEN BURNIE, MD 21060

Werfen Usa Llc
CAROLINE WINTER
180 HARTWELL ROAD
BEDFORD, MA 01730-2443

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West Springfield, MA 01089

West Side Plumbing Co., Inc.
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Wilson, Elser, Moskowitz, Edleman & Dickel
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Wright Med Technology Inc
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